

CLAIMS ONLY							Application Number <u>10 769954</u> Filing Date					
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3							53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
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42		/					92					
43		/					93					
44		/					94					
45		/					95					
46	/						96					
47		/					97					
48		/					98					
49		/					99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					